through the first assessment following a CV event were retained. Patients who experienced multiple events or died prior to the next EQ-5D assessment were excluded from the main analysis. Random-effects regression models, specified with random intercepts and slopes, were used to model linear trajectories of utility weights and VAS scores across time. To evaluate the impact of a CV event (hospitalization for heart failure, recurrent acute myocardial infarction, stroke, and resuscitated sudden death/cardiac arrest), the mean trajectory change between the observed HRQL scores following the CV event and the expected HRQL scores based on the patients' pre-event trajectories were estimated. **RESULTS:** Among 14,703 adult patients enrolled in VALIANT, 2,556 patients were eligible for HRQL sub-study and completed baseline EQ5D. Among the 504 patients who experienced a nonfatal CV event, the trajectory-adjusted mean change following the event was –0.07 (95%CI: –0.1 to –0.03; P = 0.0007) based on UK utility weights, –0.05 (95%CI: –0.08 to –0.01; P = 0.0082) based on US utility weights, and –0.06 (95%CI: –0.08 to –0.03; P < 0.0001) based on VAS scores. Differences between results using utility weights and VAS scores were most notable for patients suffering a non-fatal stroke with trajectory adjusted mean change scores of –0.26 with UK utility weights, –0.22 with US utility weights, and –0.06 with VAS. **CONCLUSION:** Post-MI patients who suffered a subsequent cardiovascular event experienced a significant decrease in HRQL.

WITHDRAWN **PCV66**

PCV67

RESPONSIVENESS OF PROXY-RATED PREFERENCE-BASED MEASURES OF HEALTH-RELATED QUALITY OF LIFE

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OBJECTIVE: Our aims were: 1) to determine whether proxy responses to generic health related quality of life (HRQL) measures are responsive to meaningful patient improvement in the six months following ischemic stroke; 2) to compare the responsiveness of generic measures by proxy assessment; and 3) to compare proxy to patient responsiveness. **METHODS:** This secondary analysis of a longitudinal cohort study of ischemic stroke patients and caregivers (n = 124 at baseline; n = 98 at 6 months) included the following HRQL measures: EQ-5D Index, EQ-5D VAS, HUI2, HUI3, and SF-6D. Patients were categorized as improved from baseline to 6 months based on improvement in Barthel Index (BI) categories (mild: ≤85; moderate: ≤60 to <85; severe: <60). Responsiveness was compared on the basis of effect size (ES) statistics for the baseline to 6 month interval. **RESULTS:** Stroke patients were primarily male (52%), average 67 (SD 15) years, and had primarily severe stroke (59% categorized as severe by BI). Proxies tended to be female (67%) and either a spouse (48%) or child (32%) of the stroke patient. Among patients who improved according to the BI, all proxy-assessed measures demonstrated large magnitudes of change (ES > 0.80). The SF-6D was the most responsive measure (ES = 1.36; bootstrapped 95% CI: 0.95–1.89), while the HUI3 was least responsive (ES = 0.99, bootstrapped 95% CI: 0.69–1.40), although bootstrapped 95% CIs overlapped for all measures. ES estimates were not significantly different for proxy raters compared to patient self-report (all bootstrapped CIs overlapped). However, the ES for proxy-rated VAS scores was 50% greater than patient report while indirect utility measures tended to produce comparable levels of responsiveness or were larger according to patient self-report. **CONCLUSION:** Proxy assessments of stroke patients were responsive to meaningful change using the VAS, EQ-5D, SF-6D, HUI2, and HUI3 during the initial post-stroke recovery process, capturing large magnitudes of changes similar to patient assessments.

PCV68

CLINICAL DETERMINANTS OF SATISFACTION AND HEALTH RELATED QUALITY OF LIFE IN PATIENTS WITH CARDIAC DISEASE AND DYSLIPIDEMIA

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OBJECTIVE: To study clinical determinants of satisfaction and health-related quality of life (HRQoL) in patients with cardiac disease and dyslipidemia. **METHODS:** A prospective, cross sectional study was conducted using a questionnaire. The questionnaire containing SF-12v1 general health survey (range 0–100), the MacNew Heart disease health-related quality of life instrument (range 1–7), and questions regarding satisfaction with care (range 1–7) and demographics were administered to randomly selected patients seeking care in a secondary prevention lipid clinic. A unique de-identified patient code was matched with medical charts to obtain clinical information. Descriptive analyses and stepwise regression analyses were conducted to assess study objectives. **RESULTS:** A total of 124 participants (65.7% male) completed the survey; response rate was 72.9%. Physical (PCS) and mental (MCS) component summary scores of the SF-12v1 scale were 37.3 (± 9.2) and 49.1 (± 9.7), respectively. The scores of the MacNew scale domains were physical (5.2 ± 1.3), emotional (5.2 ± 0.9), social (5.5 ± 1.3), and global (5.2 ± 1.0), respectively. In general, the participants in the study were satisfied with the care provided (4.28 ± 0.62). Multivariate analysis indicated that LDL levels (β = –0.37) and triglycerides levels (β = –0.26) significantly ($p < 0.05$) predicted the MCS scores, while drug type (β = –0.51) and gender (β = –0.32) significantly ($p < 0.05$) predicted PCS scores. With respect to the MacNew scale, LDL levels (β = –0.29), triglycerides (β = –0.22), and diastolic blood pressure (β = 0.28) significantly ($p < 0.05$) predicted emotional scores, while drug type (β = –0.26) significantly ($p < 0.05$) predicted physical scores. Further, LDL goals achieved (β = 0.22) and BMI (β = –0.27) significantly ($p < 0.05$) predicted satisfaction with care. **CONCLUSION:** Results suggest that LDL levels, triglycerides levels, and drug type used significantly affected HRQoL as measured by both scales and LDL goals achieved BMI significantly affected satisfaction with care. This information is valuable for future interventional studies aiming to improve HRQoL and satisfaction with care provided after cardiac disease and may aid physicians' decisions while providing care.

PCV69

CONVENIENCE OF THE NEW LONG-ACTING ANTICOAGULANT IDRAPARINUX VERSUS VITAMIN K ANTAGONIST IN PATIENTS WITH ATRIAL FIBRILLATION

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OBJECTIVE: A major goal of a new anticoagulant therapy is to alleviate the burden associated with treatment by Vitamin K Antagonist (VKA). However, advantages such as simplified administration and monitoring or reduced lifestyle constraints